

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00504530         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Del Cielo Media LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 25 / 2016</div> </div>	
Mailing Address 1427 Leslie Avenue Suite 102			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">59075.00</div>	
City Alexandria	State VA	Zip Code 22301	<b>Transaction ID : 001</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 24 / 2016</div> </div>	
Purpose of Expenditure Media placement		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate Kevin Brady		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Del Cielo Media LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 25 / 2016</div> </div>	
Mailing Address 1427 Leslie Avenue Suite 102			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50150.00</div>	
City Alexandria	State VA	Zip Code 22301	<b>Transaction ID : 002</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 25 / 2016</div> </div>	
Purpose of Expenditure Media placement		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate Kevin Brady		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">109225.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 26 / 2016

Signature